



County of San Diego, Planning & Development Services
CONDITION SATISFACTION APPLICATION
INITIAL SUBMITTAL FORM
ZONING DIVISION

DEPARTMENT USE ONLY Case Numbers	PDS	DEH	DPR	
_____	_____ F/D/TM	_____ F/D/TM	_____ F/D/TM	
_____	_____ F/D/TM	_____ F/D/TM	_____ F/D/TM	

<i>F/D = Fee/Deposit</i>	_____ + PDS	_____ + DEH	_____ + DPR/ Other	= TOTAL

Project Name: _____

Project Number(s): _____

Project Address & Nearest Cross Street: _____

Assessor's Parcel No _____

Financial Responsibility: Owner ☐ Applicant ☐ Project Contact: Owner ☐ Applicant ☐

Owner's Name _____ Phone _____

Mailing Address _____

Owner's E-mail _____ Owner's Fax Number _____

Applicant's Name _____ Phone _____
(If different from owner.)

Mailing Address _____

Applicant's E-Mail _____ Fax Number _____

The following are required attachments to the Condition Satisfaction Application:

- ☐ A complete copy of the Resolution of Approval/Form of Decision with the proposed condition(s) highlighted.
- ☐ If the proposed condition(s) have not been highlighted, the submittal cannot be accepted.
- ☐ Evidence of compliance with Condition (Please refer to the condition(s) language for specific evidence that will be required in order to satisfy the condition(s).
- ☐ List the Condition Numbers _____

Customer Comments:

I declare under penalty of perjury under the laws of the State of California that the statements made as part of this application are true and correct. I hereby agree to provide the indemnification as required by Chapter 2 of Division 6 of Title 8 of the San Diego County Code.

Signature of Owner or Authorized Agent. (If Agent signs, attach Letter of Authorization)

Date

Print or type Signator's Name

----- For County Use Only -----

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<http://www.sdcountry.ca.gov/pds>





County of San Diego, PDS, Zoning Division
CONDITION SATISFACTION APPLICATION INITIAL SUBMITTAL FORM
Continued

FOR DEPARTMENT USE ONLY

For Questions Contact: PERMIT COMPLIANCE COORDINATOR, _____ (858) 694-3011

Record ID: _____

Is this a FEE Account? YES ☐ NO ☐ If yes, attach copy of receipt to this application

Is this a Deposit Account? YES ☐ NO ☐ If yes, Record ID # _____

Technician Comments:

Technician's Name

Date